

CINCINNATI FIRE DEPARTMENT



**NOTICE OF HEALTH INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

You recently received emergency medical assistance from the Cincinnati Fire Department (CFD). As a result, the CFD has made a record of the assistance it provided you, and that record may contain personal and health information about you. Federal law requires that the CFD maintain the privacy of this information and also requires the CFD to notify you about how this information may be used and disclosed, what rights you have pertaining to the use and disclosure, and how you can get access to the information.

**Uses and Disclosures for Treatment, Payment and Health Care Operations**

By law, the CFD is permitted to make disclosures of information it receives about you for the purposes of treatment, payment or health care operations.

For example, if the CFD transports you to a hospital, emergency medical personnel who work for the CFD may disclose to hospital staff the nature of the treatment you receive while being transported to the hospital, as well as your age, gender, vital signs and any information it has about your medical history that might be necessary to ensure that you get appropriate treatment at the hospital.

The CFD contracts with an outside company for billing purposes and may provide that company with information about you, the nature of your injury or health condition, and the treatment the CFD provided to you, so that the CFD may obtain payment for the service it provided you. Similar information might also be contained in any bill sent to your insurance company or health plan.

The CFD may also use information it obtained in serving you for the purpose of its health care operations. For example, the CFD may use its treatment of you as an example or case study for training or evaluating the performance of its own staff.

The CFD is not required to consult you or to obtain your authorization before making a disclosure of this type.

**Disclosures We May Make to Persons Concerned About You**

In an emergency, the CFD may disclose information about you in order to identify, locate and / or notify a family member, personal representative or another responsible person of your location or condition.

If you are incapacitated during a natural or other disaster, we may also disclose information about you to the Red Cross or another organization responsible for locating families of victims in such situations.

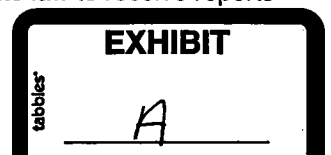
In addition, the CFD may disclose information that is directly relevant to your care to a family member, close personal friend or other person who will be involved in your care after we have finished treating you. If you are available and have the capacity to make health care decisions, we will give you an opportunity to object to such a disclosure, but we may still make the disclosure if it appears to be in your best interest as a result of an emergency.

**Disclosures We May Otherwise Make Without Your Written Authorization**

In addition to the types of disclosures described above, the law allows us to use or disclose information about you, without your consent, in certain situations. For example, we may use or disclose information about you:

When we are required by a state or federal law to do so.

- To state or federal public health authorities charged with preventing or controlling disease, including, for example, the Cincinnati Health Department or the Centers for Disease Control.
- To government authorities, including protective service agencies, authorized by state law to receive reports of abuse, neglect or domestic violence.



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- To government health oversight agencies, such as the state and federal Departments of Health and Human Services.
- When we are required to do so in judicial or administrative proceedings. We may, for example, disclose information in response to a court order or subpoena.
- To law enforcement officials for certain law enforcement purposes. For instance, provided all the conditions of the federal law are met and that the disclosure is otherwise permitted by state law, we may report certain types of wounds or injuries to police; we may be required to provide information pursuant to a warrant or subpoena; or we may provide information about you to assist law enforcement in locating a fugitive, material witness, missing person or victim.
- To coroners, medical examiners, or funeral directors, for purposes of identifying a deceased person or carrying out the duties of those positions required by law.
- To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- When required to avert a serious threat to health or safety.
- When necessary for certain specialized government functions authorized by law, such as the conduct of national security activities or the operation of a correctional facility.
- As authorized by law in connection with workers compensation programs.

**Uses and Disclosures Specifically Authorized by You**

We anticipate making any other uses or disclosures of your protected health or personal information only on the basis of specific, written authorization forms signed by you. If you wish to revoke an authorization after you have signed it, you may do so in writing, except to the extent that we have already disclosed information in reliance on the authorization.

**Your Health Information Rights**

You have rights with regard to your health information. You have the right to:

- Receive notice of the uses and disclosures we might make of your health information, as explained in this pamphlet.
- Request additional restrictions on uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations, as provided in 45 CFR 164.522.
- Inspect and obtain a copy of documents containing your health information.
- Request that your health information be amended as provided in 45 CFR 164.526.
- Obtain an accounting of disclosures of your health information made after April 14, 2003, for purposes other than treatment, payment or health care operations, and except as authorized by you, in accordance with 45 CFR 164.528.

Please direct any such requests to the CFD's Privacy Officer at the address below.

**For Additional Information or to Report a Problem**

Any questions you have may be directed to:

Privacy Officer  
Cincinnati Fire Department  
430 Central Avenue  
Cincinnati, Ohio 45202  
(513) 357-7585  
**[fireprivacyofficer@cincinnati-oh.gov](mailto:fireprivacyofficer@cincinnati-oh.gov)**

If you believe your rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201, (202) 619-0257, (877) 696-6775.

**Changes in the CFD's Privacy Practices**

The CFD is required by law to abide by the term of this Notice, which is in effect beginning on May 10, 2003. The CFD reserves the right to change the terms of this Notice and to make the new notice applicable for all protected health information it maintains. Any revised notice will be available on the CFD's website.